HEALTH INSURANCE BENEFITS MANDATED BY ARIZONA LAW

CANCER SCREENING AND TREATMENT

Mandate	Disability* (Group)	Disability* (Individual)	HCSO/HMO* (Grp & Indiv)	HMDO* (Grp & Indiv)
A policy must cover mammograms per certain age guidelines.	20-1402(A)(6)	20-1342(A)(10)	20-1057(J)	20-826(I)
A policy that covers prescription drugs must cover off-label use of drugs for cancer treatment.	20-1402(F,G); 20-2326	20-1342(F,G)	20-1057(V,W); 20-2326	20-826(R,S); 20-2326
A policy must cover "covered patient costs" for insureds *** who participate in cancer clinical trials.	20-1402.01; 20-2328	20-1342.03	20-1057.07; 20-2328	20-826.01; 20-2328

FAMILY AND MATERNAL CARE

Mandate	Disability * (Group)	Disability * (Individual)	HCSO/HMO * (Grp & Indiv)	HMDO * (Grp & Indiv)
A policy must provide immediate coverage for 31 days for newborn children. **	20-1402(A)(2)	20-1342(A)(3)	20-1057(B)	20-826(E)
A policy must provide immediate coverage for 31 days for adopted children or children placed for adoption. **	20-1402(A)(2)	20-1342(A)(3)	20-1057(B)	20-826(E)
A policy that provides maternity benefits must provide maternity benefits for the natural mother of a child adopted by the insured within 1 year of the child's birth.	20-1402(A)(7, 8); 20-2321(A,B)	20-1342(A)(11,12)	20-1057(K, L); 20-2321(A, B)	20-826(J ,K); 20-2321(A, B)
A policy that covers maternity must provide for a minimum 48 hours hospital stay following normal vaginal deliveries and 96 hours following cesarean section deliveries and cannot require that the provider obtain prior authorization for the minimum stay.	20-1402(B, C) 20-2321(F,G)	20-1342(B,C)	20-1057(R, S) 20-2321(F,G)	20-826(N,O) 20-2321(F,G)
A policy must provide continuing coverage for a handicapped child who reaches the limiting age for dependent children.	20-1407	20-1342.01	N/A	20-826(F)
An employer group policy cannot impose pre-existing condition exclusions or limitations on pregnancy.	20-2321(H)	N/A	20-2321(H)	20-2321(H)

GUARANTEED ISSUE AND RENEWAL

Requirement	Disability* (Group)	Disability* (Individual)	HCSO/HMO* (Grp & Indiv)	HMDO* (Grp & Indiv)
An insurer *** must provide the right to conversion coverage for an individual who loses eligibility for group coverage.	20-1408	20-1377	20-1057(M,N,O)	20-1408 20-1377
An insurer must offer coverage to certain groups or individuals.	20-2304 (Groups 2-50)	20-1379 (eligible individuals)	20-2304 (Grp 2-50); 20-1379 (eligible individuals)	20-2304 (Grp 2-50); 20-1379 (eligible individuals)
An insurer must renew coverage it has issued coverage to certain groups or individuals.	20-2309	20-1380	20-2309 (Grp); 20-1380 (Indivs)	20-2309 (Grp); 20-1380 (Indivs)

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MISCELLANEOUS

Mandate	Disability* (Group)	Disability* (Individual)	HCSO/HMO* (Grp & Indiv)	HMDO* (Grp & Indiv)
If a policy covers physical and occupational therapy, an insurer cannot deny a claim for covered out-of-network physical or occupational therapy services just because the insured did not have a referral.	20-1406.04	20-1376.04	N/A	20-841.08
An insurer must have a procedure for an insured with a life threatening, degenerative, chronic or disabling condition to get a standing referral.	N/A	N/A	20-1057.01	20-841.04
A policy must allow a transitional period of continuity of care with a non-network allopathic or osteopathic physician for new insureds who have a life-threatening disease or who are in the third trimester of pregnancy.	N/A	N/A	20-1057.04	20-841.06
An HCSO must cover at least 12 medically necessary, self-referred chiropractic visits annually.	N/A	N/A	20-1057.03	N/A
A policy must cover emergency room initial medical screening and stabilization without prior authorization. A policy must also cover emergency ambulance services.	20-2803	20-2803	20-2803	20-2803
A policy must cover breast reconstructive surgery and two external postoperative prostheses following a covered mastectomy, reconstructive surgery of the other breast to maintain symmetry, and complications of mastectomy including lymphedemas. A policy must not limit the number of covered prostheses.	20-1402(A)(5)	20-1342(A)(9)	20-1057(I)	20-826(H)
A policy issued to a group of 51 or more may not exclude or deny coverage for treatment based on a diagnosis of autism spectrum disorder. Includes coverage for medically necessary "behavioral therapy" up to an age-based maximum benefit. Mandate does not apply to individual or small employer (2-50 employees) policies.	20-1402.03 (Groups 51+)	N/A	20-1057.11 (Groups 51+)	20-826.04 (Groups 51+)

NON-DISCRIMINATION

Mandate	Disability* (Group)	Disability* (Individual)	HCSO/HMO* (Grp & Indiv)	HMDO* (Grp & Indiv)
When an allopathic, osteopathic or chiropractic physician provides covered services within his/her scope of practice, an insurer cannot refuse to pay based on the type of services or the insured's condition.	20-461(A)(17)	20-461(A)(17)	N/A	20-461(A)(17)
An insurer must apply cost-containment or quality-assurance measures equally to allopathic, osteopathic and chiropractic	20-461(B)	20-461(B)	N/A	20-461(B)

Please note: Individual and small group policies issued pursuant to ARS §20-2341, 20-846, 20-1079, and 20-1383 may exempt some of the mandated benefits in this chart.

Mandate	Disability* (Group)	Disability* (Individual)	HCSO/HMO* (Grp & Indiv)	HMDO* (Grp & Indiv)
physicians.				
An employee-group policy issued to a group of more than 50 employees may not include a lifetime limit on mental health benefits that does not apply to all other health services.	20-2322	N/A	20-2322	20-2322

PRESCRIPTION DRUGS, DME AND MEDICAL SUPPLIES

Mandate	Disability* (Group)	Disability* (Individual)	HCSO/HMO* (Grp & Indiv)	HMDO* (Grp & Indiv)
A policy that covers prescription drugs must cover a drug for at least 60 days after an insurer ******* gives notice that it has removed the drug from the formulary.	N/A	N/A	20-1057(E)	20-841.05(E)
A policy that covers diabetes must provide medically necessary, prescribed diabetes equipment, supplies, insulin, syringes, etc.	20-1402(D,E); 20-2325	20-1342(D,E)	20-1057(T,U); 20-2325	20-826(P,Q); 20-2325
A policy that covers prescription drugs must cover medical foods to treat certain inherited metabolic disorders.	20-1402(H-K,N); 20-2327	20-1342(H-L)	20-1057(Y-DD); 20-2327	20-826(U-X,AA); 20-2327
A policy that covers prescription drugs must cover any FDA-approved prescribed contraceptive drug or device.	20-1402(L-N); 20-2329	N/A	20-1057.08; 20-2329	20-826(Y-AA); 20-2329
A policy that covers prescription drugs must cover amino-acid based formula to treat diagnosed eosinophilic gastrointestinal disorder.	20-1402.02; 20-2332	20-1342.05	20-1057.10; 20-2332	20-826.03; 20-2332
If a policy covers prescription drugs, the insurer must have process for obtaining medically necessary non-formulary drugs and for obtaining medically necessary formulary and non-formulary drugs during non-business hours.	N/A	N/A	20-1057.02(B)	20-841.05(B)
If a policy covers DME and medical supplies, the DME and medical supply vendors must be reasonably accessible.	N/A	N/A	20-1057.05	20-841.07

PROVIDER CHOICE

Mandate	Disability* (Group)	Disability* (Individual)	HCSO/HMO* (Grp & Indiv)	HMDO* (Grp & Indiv)
A policy that covers surgical services must cover such services regardless of place of service.	20-1402(A)(4)(a)	20-1342(A)(8)(a)	N/A	20-826(C)(1)
A policy that covers inpatient services must cover home health services prescribed in lieu of such hospital services.	20-1402(A)(4)(b)	20-1342(A)(8)(b)	N/A	20-826(C)(2)
A policy that covers inpatient diagnostic services must cover such services if performed outside a hospital.	20-1402(A)(4)(c)	20-1342(A)(8)(c)	N/A	20-826(C)(3)

Please note: Individual and small group policies issued pursuant to ARS §20-2341, 20-846, 20-1079, and 20-1383 may exempt some of the mandated benefits in this chart.

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Mandate	Disability* (Group)	Disability* (Individual)	HCSO/HMO* (Grp & Indiv)	HMDO* (Grp & Indiv)
A policy that covers inpatient services must pay for those services if performed in a hospital's outpatient department or in a freestanding surgical facility.	20-1402(A)(4)(d)	20-1342(A)(8)(d)	N/A	20-826(C)(4)
If a policy covers services within the scope of a licensed podiatrist, an insured may choose a podiatrist or a physician to provide the services.	20-1406(A)	20-1376(A)	N/A	20-841(A)
If a policy covers services within the scope of a licensed dentist, an insured may choose a dentist or a physician to provide the services.	20-1406(A)	20-1376(A)	N/A	20-841(A)
If a policy covers eye care services, an insured may choose an optometrist or a physician to provide services that fall within the provider's scope of practice.	20-1406(B)	20-1376(B)	N/A	20-841(B)
If a policy provides coverage for psychiatric, drug abuse or alcoholism services, the insurer cannot refuse to pay based on whether the covered services are rendered in a psychiatric special hospital or general hospital.	20-1406(C)	20-1376(C)	20-1057(C)	20-841(C)
If a policy covers services within the scope of a licensed chiropractor, an insured may choose either a licensed chiropractor or a physician to provide the services.	20-1406.01	20-1376.02	N/A	20-841.02
If a policy covers services within the scope of a licensed psychologist, an insured may choose either a licensed psychologist or a physician to provide the services.	20-1406.02	20-1376.03	N/A	20-841.03
If a policy covers a service within the scope of practice of an RNP (registered nurse practitioner) or a certified RN, an insurer may not deny those services from such a nurse.	20-1406.03	20-1376.03	N/A	20-841.03

***** In these tables:

"Disability" = Indemnity health insurance, including PPOs.
"HCSO/HMO" = Health Care Services Organization.
"HMDO" = Hospital, Medical, Dental and Optometric Service Corporation (nonprofit).

****** This benefit is also mandated for prepaid dental plan organizations. ARS § 20-1007(B).

******* In these tables:

The term "insurer" means a disability insurer, an HCSOs, or an HMDO.
The term "insured" means a person covered by a disability insurer, an HCSO, or an HMDO

Please note: Individual and small group policies issued pursuant to ARS §20-2341, 20-846, 20-1079, and 20-1383 may exempt some of the mandated benefits in this chart.